

EXHIBIT A

----- Forwarded message -----

From: "Taunia Kittler" <tatankalady@gmail.com>

Date: May 12, 2015 3:23 PM

Subject: Completed Pantaenius Application to Yacht insurance

To: <agiacomazza1@pantaenius.com>

Cc: "Allison Hadley" <ah@frontlineprocessing.com>

Andrea, attached is the document that you needed filled out to complete our insuring process for the Galilea. Please let us know if you need any other information.

Thank you,

Taunia Kittler

Owner of:

Sweet Grass Buffalo

Tiki Hale Beach House &

Galilea LLC.

406-579-8368



07 May 2015

Insured:
Galilea LLC
F1
3701 Trakker Trail
Bozeman, MT 59718

APPLICATION FORM FOR YACHT INSURANCE – Ref. No. 21124282

The quotation ref. no. 21124282 expires 60 days from the date of the quote.

The completion of this application does not bind the Insurance Company to effect insurance on this risk. If this application is accepted by the Insurance Company, it is agreed that the information you or your agents have furnished to Pantaenius America Ltd. in any and all quotation requests and other submissions, including but not limited to the information which is stated herein, shall be the basis of the contract of insurance should a policy be issued.

NON-DISCLOSURE OR MISREPRESENTATION OF ANY MATERIAL FACT RELATED TO THIS RISK MAY RESULT IN THE WITHDRAWAL OF ANY OFFER TO PROVIDE INSURANCE AND/OR NULLIFICATION OF THE INSURANCE POLICY.

INSURED

Name/Address

Galilea LLC
F1
3701 Trakker Trail
Bozeman, MT 59718

Tel. (home)

+1 (406) 537-4560

Tel. (day)

+1 4065993586

Fax

Mobile

+1 (406) 579-8368

E-Mail

clk@frontlineprocessing.com

Occupation

Underwriter

Date of Birth

Dec 20, 1961

Live aboard?

☐ Yes ☒ No**Contact Details of the Yacht**

Phone

(406) 579-8368

Fax

E-Mail

tatankaland@earthlink.net

Emergency Contact Information: Please provide a phone number and email address where Pantaenius can contact you in the event of an emergency situation. This information will not be used for solicitation or marketing purposes.

Emergency Phone

(406) 785-7443

Emergency Email

tatankaland@earthlink.net

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MAILING ADDRESS / LOSS PAYEE / ADDITIONAL INSURED

☐ Insured ☐ Beneficial Owner ☐ Loss Payee ☐ Additional Insured ☐ other

Name/Address

N/A

Tel. (home)

Tel. (business)

Fax

Mobile

E-Mail

IMPORTANT NOTE - By designating a loss payee, the insured hereby consents to Pantaenius America Ltd. providing insurance documents to the loss payee without notice. Premium returns and claim payments will be issued to the Named Insured(s) as stated on the Policy Declaration Page(s) unless the named insured designates a loss payee at the inception of cover.

INSURED VESSEL

Name	Galilea	LOA x Beam	60.5'
Make/Model	Privilege 615	Sail Area (ft²)	
Hull No. / HIN	FR JMA15B21F112	Year Built	2011
Flag	USA	Registered in	USA
Material Hull	Fibre-glass reinforced plastic	Material Mast	
No. of Motors / Motor (Make/Model)	2 x Yanmar / Yanmar 110	Total Motor Power	2 x 110 HP
Motor Serial No. 1		Motor Serial No. 2	
Port of Registry	Las Vegas, Nevada	Hurricane Season	San Diego, California

Charter ☐ Yes ☒ No

Please Initial:

_____ If the vessel is chartered, it is warranted that there will be a written charter agreement.

IMPORTANT NOTE - There shall be no coverage whatsoever for any losses, damages, or third party claims arising out of occurrences while an insured vessel is carrying fare-paying passengers

Please Advise

Purchase date of vessel: April 2014 Purchase price of vessel: \$1,500,000.00 US dollars

Was the owner ever denied insurance or non-renewed? ☒ No ☐ Yes

If yes, state the date and reasons for denial or non-renewal of insurance (attach additional sheets as necessary):

Any DUI, DWI within last 10 years, or Felony for any owner or operator? ☒ No ☐ Yes

If yes, describe including dates:

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Was any owner or operator involved in a marine loss or claim on any vessel? ☒ No ☐ Yes

If yes, state nature, date, and amount of loss or claim and whether insurance company paid claim (attach additional sheets as necessary):

Any knowledge of claims or losses for this or any yacht through and including the date you submit this application? ☒ No ☐ Yes

If yes, state nature, date, and amount of loss or claim and whether insurance company paid claim (attach additional sheets as necessary):

Tender

Tender Hull Year/Make/Model: 2012/ENIV Walker Bay

Tender Engine Year/Make/Model: Honda 30 Hp. CR

Tender Hull Value: \$12,000 US Tender Engine Value: \$4,500 US

Tender

Tender Hull Year/Make/Model: _____

Tender Engine Year/Make/Model: _____

Tender Hull Value: _____ Tender Engine Value: _____

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COVERAGE

PREMIUM ESTIMATE

TOTAL: USD 7,779.30

HULL Coverage	Limit	Deductible	Hull Premium
Total Agreed Fixed Value	USD 1,566,500		USD 6,579.30
Hull incl. engines	USD 1,500,000	USD 22,500	Incl.
Tender 2008 9' Walker Bay w/ 30 HP Honda DB	USD 16,500	USD 825	Incl.
Personal Effects with a maximum limit per occurrence	USD 50,000	None	Incl.
Emergency Coverage (Tow)	USD 50,000	None	Incl.

Application

Tenders as defined per Section A4 of the Pantaenius America Policy are covered only if scheduled on the Declaration Pages.

P&I Coverage	Limit	Deductible	P&I Premium
Primary Indemnity Protection for Bodily Injury and/or Property Damage Medical Expense Coverage	USD 3,000,000	None	USD 1,200.00
- per occurrence	USD 50,000	None	Incl.
Uninsured Boater Coverage			
- per person	USD 750,000	None	Incl.
- per occurrence	USD 1,500,000	None	Incl.
Oil Pollution Additional Coverage up to the statutory limits of OPA (Oil Pollution Act 1990)	Statutory Limits	None	Incl.

Cruising Area:

Inland waters, bays and coastal waters east to 50° West Longitude and west to 135° West Longitude, and north to 52° North Latitude, and south to 30.5° North Latitude.

General:

Pantaenius America Yacht Policy (14.1001/US/0115)

ENDORSEMENTS

COMPETANT SKIPPER

It is the owner's responsibility to assure that the vessel has a competent and experienced skipper and crew who are appropriately licensed as necessary and qualified for the vessel and navigation.

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TENDER ENDORSEMENT

Subject to Section A4(c) of the PAYP Terms and Conditions, included are tenders used in conjunction with the main vessel. The deductible for tenders is 5% of the agreed fixed value of the Tender Hull and 5% of the agreed fixed value of the Tender Engine each or USD 250 which ever is greater for each and every claim. Notwithstanding Section B4(l) of the PAYP Terms and Conditions, insurance coverage in accordance with the remaining provisions of this policy is provided during towing by an insured vessel(s) of another insured vessel, including additional scheduled vessels, tenders and toys. This insurance coverage shall, however, be subject to a special towing deductible equal to 5% of the agreed fixed value of the main vessel and 50% of the agreed fixed value of each insured vessel, tender, toy, and engine that incurs covered loss or damage during towing, regardless of whether such loss or damage is total or partial. The insured warrants that a crew member shall watch the towed vessel at all times, and failure to comply with this warranty shall void coverage for loss or damage occurring during towing. A tender is defined as a vessel; no longer than 33% of the main vessel length that will be towing it. Towing is not permitted for vessels that are greater than 33% in length of the main vessel. Towing of scheduled vessels longer than 33% of the main vessel length can be endorsed onto the policy with Pantaenius America's approval.

MEDICAL EXPENSE ENDORSEMENT

Medical Expenses as per Section C2(c) PAYP with a sum insured of USD 50,000

UNINSURED BOATERS ENDORSEMENT

Uninsured Boaters Coverage as per section C2(d) of the PAYP has a maximum limit of USD 750,000 per person / USD 1,500,000 per occurrence

GENERAL INFORMATION AND CONDITIONS

Issuing Insurance Companies:

The coverage under this section is provided by one or more of the following insurance companies to be assigned at the time of binding coverage:

AGCS MARINE INSURANCE COMPANY
LIBERTY MUTUAL INSURANCE COMPANY
TORUS NATIONAL INSURANCE COMPANY

Any dispute arising out of or relating to the relationship between Pantaenius America Ltd and/or our participating underwriters and the insured shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. The dispute shall be submitted to one arbitrator. This relationship shall be governed by the laws of the state of New York. The place of arbitration shall be New York, New York.

Place of Jurisdiction. For any and all disputes arising out of or relating to the legal relationship between the Insurers and the Insured or Co-insured or additional named insured or third parties New York shall always be place of jurisdiction.

Choice of Law Clause. This Agreement shall be governed by the laws of New York without regard to conflict of laws principles.

There will be no coverage provided under your yacht policy for any claims arising, directly or indirectly, from a Named Tropical Storm that is in existence on the date that Pantaenius accepts your application for insurance coverage.

Unless indicated above, Confiscation, Strike and War coverage is excluded within the quotation but available upon request. Please advise if you would like us to provide a quote for Paid Crew Medical Coverage through one of our Partners. For non-crew members, the owner, as an employer, may be responsible under a state worker's compensation regulation. Pantaenius America does cover exposure under the Longshore and Harbor Workers' Compensation Act.

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**PERIOD OF INSURANCE**Insurance cover commences from May 12, 2015 12.01 am Eastern Standard Time.

Your cover commences on the date you have stated on this signed application form. Cover cannot be backdated unless the insurers have agreed to hold cover pending receipt of your application.

PAYMENT OPTIONSPremiums will be paid ☒ annually ☐ semi-annually (+ 3% surcharge) ☐ quarterly (+ 5% surcharge)

Payment details will be stated on the invoice.

APPLICANT'S STATEMENT

I have read and understood all of the information and statements contained in this application, which I understand will be relied upon by the Insurance Company in placing any risk associated with this application. I acknowledge that some of the information contained in this application may have been filled in by Pantaenius America Ltd. based upon information provided by me or my agents. I certify that to the best of my knowledge all information and statements contained in this application are true and correct.

If the named insured is a business entity, the undersigned warrants they have legal authority to execute on behalf of the entity.

Signature of the Insured(s)

Date

05/12/2015

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